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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/673,982	09/30/2003	Damon Andrew Schmidt	

DAMON ANDREW SCHMIDT  
 12685 96th STREET NORTH  
 LARGO, FL 33773

CONFIRMATION NO. 3953

## FORMALITIES LETTER



\*OC000000011557137\*

Date Mailed: 12/23/2003

## NOTICE TO FILE CORRECTED APPLICATION PAPERS

*Filing Date Granted*

An application number and filing date have been accorded to this application. The application is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- Replacement drawings in compliance with 37 CFR 1.84 and 37 CFR 1.121 are required. The drawings submitted are not acceptable because:
  - The specification contains drawings or flow diagrams (37 CFR 1.58(a)).
- Replacement claim(s) commencing on a separate sheet in compliance with 37 CFR 1.75(h) and 1.121 is required.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of \$172 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

**SUMMARY OF FEES DUE:**

Total additional fee(s) required for this application is \$172 for a Small Entity

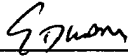
- Total additional claim fee(s) for this application is \$172
  - \$172 for 4 independent claims over 3.

Replies should be mailed to: Mail Stop Missing Parts

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*A copy of this notice **MUST** be returned with the reply.*

A handwritten signature in dark ink, appearing to read "S. D. H. M.", is positioned above a horizontal line.

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